Owner's Name

A. To Be Completed By Property Owner or Agent

White - County Assessor's Copy Yellow - Port of Entry Copy Pink - Owner's Copy

Telephone No.

MOVABLE EQUIPMENT CERTIFICATION OF AD VALOREM TAXATION

Owner's Address			City	Count	Y	State	Zip
3. To Be Comple	eted By Propert	y Owner or Agent		<u> </u>			
		DESC	RIPTION OF MO	OVABLE EQUIPME	NT		
Year Make	Model	Description of Equipment (Include All Attachments, For Drilling Rigs, add drilling depth)			Serial or	Date of	Purchase
				Drilling Depth (if applicable)	Identification Number		
. To Be Comple	eted By Assesso	r				1	
Place County	/ Seal Below	(ERTIFICATION (OF ASSESSMENT			
		Assessor of		County			
		I hereby certify that the	above listed items	of movable equipmen	nt 🛘 have been valued	ed	
		and assessed for ad vain		County_fc		of assessment, ta	ixes payable
		Schedule No. or Owner	ship Control No		· v	_	
		Signature of Assessor or Dept	itv			Date	